



**Higher Education Mental
Health Workforce Pilot
2026 Annual Report**

May 30, 2026



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EXECUTIVE SUMMARY

What the Pilot Does

Virginia’s Higher Education Mental Health Workforce Pilot simultaneously expands **student access to mental health care** and helps build **Virginia’s long-term licensed behavioral health workforce** – results that could be scaled significantly with increased state investment.

How it Works

Appropriated funds underwrite the salary and benefits of an onsite LPC/LCSW candidate at participating public universities for ~two years, the period needed to complete supervision requirements for licensure. Universities hire, train and supervise candidates at their on-campus mental health care facilities, delivering immediate service capacity *until* licensed.

Fast Facts and Pilot Outcomes to Date

- Established by the General Assembly in 2022 ([2022 Appropriation Act, Item 144#3c](#)), with an additional round of pilot programs at flat funding for FY 2025 and FY 2026 (\$500,000 each FY).
- Awarded current competitive pilot grants to five public universities: Christopher Newport, George Mason, James Madison, Longwood and Radford.
- Administered by SCHEV in consultation with the Virginia Health Care Foundation.
- Supported 14* LPC/LCSW candidates who have collectively to date:
 - **Served 2,224 students.**
 - **Completed 11,865 clinical hours.**
 - **Obtained 23,299 supervision hours.**
- Hired within Virginia - 11 of the 14 candidates are Virginia residents and graduates of Virginia master’s programs.
- Retained Virginia talent - two candidates permanently hired by their pilot institutions.

*Note: Includes Round 1 candidate from Virginia Tech (VT exited program after first year to hire their candidate permanently). Four of the five current pilot sites have hired one candidate per round; Christopher Newport University matched a portion of the grant funds to support two candidates per round. James Madison hired a second round two candidate with a significant amount of previously accumulated hours; this applicant will move to a resident position funded by JMU once the grant funding is exhausted.

Why the Pilot Works

1. Expands Access Immediately.

Pilot sites report:

- “40+ additional clients per week” now receiving counseling services at one institution.
- Students being seen more quickly and more consistently.
- Entire cohorts of students served who would have otherwise waited weeks or gone without care.

2. Strengthens Virginia’s Mental Health Workforce Pipeline.

- Candidates complete nearly all supervised hours required for licensure.
- Universities produce fully-trained clinicians with connections to Virginia/Virginia public higher education institutions.
- Two institutions have already hired their candidates permanently.

3. Reduces Burnout and Stabilizes Campus Counseling Centers.

Institutions cite:

- Reduced staff burnout.
- Improved crisis response.
- More sustainable caseloads.
- Expanded hours in some centers.

4. Applications far exceeded available funding.

- Received 10 applications for the 2022 round.
- Received 9 applications for the 2024 round.
- Funded 5 awards (most recent round) due to limited appropriation.
- Institutions want to participate in this program because it works.

These results underscore the pilot’s dual success: improving student access to services **today** while strengthening Virginia’s mental health workforce **long-term**. Institutions consistently reiterate the value of the program and its role in sustaining campus mental health systems strained by demand, turnover and limited applicant pools. Given the documented need and early success of the pilot, this report provides expanded analysis, institutional insights and recommendations for statewide scaling.

The Ongoing Need

- [The State of Higher Education, 2024](#) identifies emotional stress and personal mental health as two of the top barriers to college enrollment and completion.
- Virginia institutions continue to see rising student mental health challenges, including anxiety, depression, ADHD, academic stress and financial strain.

- The pilot institutions alone served **~10,009 students** this academic year.
- The current maximum award—~\$100,000 per institution—is sufficient to support a candidate, but funding levels limit participation to five institutions.

Key takeaway: The Higher Education Mental Health Workforce Pilot is a proven, scalable and cost-effective solution helping Virginia meet urgent student mental health needs and build the licensed workforce our Commonwealth requires.

DEFINING SUCCESS

The higher education mental health workforce pilot serves a dual purpose for higher education institutions. **The pilot seeks to: 1) expand mental health services to students on campus at four-year public higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed.** The mental health pilot's two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development.

The pilot's funds support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. In exchange, each hosting institution hires, trains and supervises the LCSW/LPC candidates until licensed. While no matching funds were required, Christopher Newport University provided matching funds to cover the fringe benefits and by doing so, supported two candidates' wages with the state's funds for Round One and Round Two. Longwood University offered to provide university-managed housing as part of the Round One candidate's benefits package in addition to the pilot funds awarded. James Madison hired a second Round Two candidate with a significant amount of previously accumulated hours; this applicant will move to a resident position funded by JMU once the grant funding is exhausted.

Pilot institutions are required to report key data every six months to assess progress toward licensure, overall program impact, and potential modifications to the pilot and factors to consider scaling across the state.

A successful pilot program should:

- 1. Improve the ability to meet the student demand for counseling/social work services;**
- 2. Stabilize/reduce burnout/turnover of LPC or LCSW staff at the student health/counseling centers;**
- 3. Increase the number of pre-licensed LCSWs and LPCs who become licensed in Virginia as a result of pilot participation; and**
- 4. Create a pipeline of LCSWs and LPCs who choose to work at higher education health/counseling centers once licensed.**

SCHEV continues to be satisfied with the progress and meaningful impacts the candidates

have had toward pilot success. Specifically, improving the ability to meet the student demand for counseling/social work services and stabilizing/reducing burnout of LPC and LCSW staff at the student health/counseling centers. SCHEV made some modifications to the FY 2025/FY 2026 call for proposals to ensure clinical hours for licensure and ultimate candidate licensure is obtained within two to two-and-a-half years from the start date of the candidate. Details on the adjustments can be found in the [Round 2 call for proposals](#) and related [FAQ document](#).

The table below outlines the estimated date for each candidate’s completion of hours for licensure.

Pilot University	Candidate	Start Date	Projected date of licensure hours completion	Expected date of licensure
Christopher Newport	1*	1/10/2023	Fall 2025*	Fall 2025*
	2	1/18/2024	Fall 2025	Fall 2025
	3	12/2/2024	Spring 2027	Spring 2027
	4	1/13/2025	Spring 2027	Spring 2027
George Mason	1	9/10/2023	Fall 2025	Fall 2025
	2	9/10/2025	Fall 2027	Fall 2027
James Madison	1	3/15/2023	Spring 2026	Spring 2026
	2	7/25/2025	Spring/Summer 2026	Spring/Summer 2026
	3****	8/10/2025	Summer 2027	Summer 2027
Longwood	1	1/10/2023	Summer 2025	Fall 2025
	2	9/25/2024	Fall 2026	Fall 2026
Radford	1**	1/10/2023	May 2025	Summer 2025
	2	1/10/2025	Spring 2027	Spring 2027
Virginia Tech	1***	6/10/2023	Hired permanently in summer 2024, working on licensure	

Note:* CNU Candidate One departed prior to completing hours.

Note:** Radford Candidate One finished residency at Radford in October 2024 and transitioned to a permanent full-time position at Radford, continuing to work toward hours for licensure.

Note:*** VT exited the pilot program in summer 2024 in order to offer their candidate full-time employment at the counseling center and continue to work toward licensure. The candidate’s data were included in the 2024 annual report.

Note:****This applicant will move to a resident position that is funded by the JMU Counseling Center once the grant funding is exhausted; likely late Fall 2026 to work in that position until licensed.

QUANTITATIVE FINDINGS TO DATE

The data below are based on the varying start dates through Fall 2025.

Round One

The earliest candidate start dates were in January 2023 (Longwood, Radford and Christopher Newport—candidate one). Two candidates started in March 2023 (James Madison and Christopher Newport—candidate two). Christopher Newport’s second candidate left in early 2023 and a replacement candidate was hired in late 2023 and started working in January 2024. Due to unforeseen human resource procedural barriers, Virginia Tech was not able to onboard their candidate until June 2023 and opted to exit the program in summer 2024 in order to secure permanent full-time employment for their resident at the Cooke Counseling Center. The sixth institution (George Mason University) faced salary-related recruitment challenges necessitating a budget amendment in order to modify the candidate’s salary and attract more applicants.

Six of the seven candidates were Virginia residents prior to being hired and also completed higher education at Virginia institutions (five graduate and one undergraduate degree). The seventh candidate was from Connecticut.

Round Two

One of the adjustments made enabled Round One grantees to use Round Two funds to support their current candidate until licensure (or no more than an additional six months, whichever is less). Therefore, Round Two data include three Round One candidates at James Madison, Longwood and George Mason universities in addition to the seven new Round Two candidates who have been hired and onboarded.

Information from the pilot institutions’ fourth annual report is aggregated below.

Pre-licensurees (from ~January 10, 2023 to May 1, 2026)

- 1. Total number of clinical hours: 11,865.**
- 2. Average clinical hours per week: ~15 hours per week.**

Clinical hours per week ranged from ~seven (new hires being onboarded) to 23 hours with an average of ~15 clinical hours per week. Data indicate that those averaging 18-20 clinical hours per week are anticipated to achieve hours necessary for licensure within two to two-and-a-half years since starting. Others estimate three to four years

(from start date) until hours will be accumulated for licensure. As a result, the FY 2025-2026 RFP was modified to enable Round One candidates (at the pilot IHE's discretion) an additional six months via Round Two funding and the ability to accrue additional clinical hours via private practice/community service board during the slower summer months. Such hours off-campus will be tracked but will not use pilot funds.

3. Number of supervised hours (including individual and group supervised hours): 23,299.

Individual supervised hours included client case conceptualization, client need, diagnostic criteria, counseling interventions, professional development, office management, record keeping, crisis response, treatment planning and self-reflection.

Group supervised hours included case presentations and video review of single-session therapy, boundary setting, communication practices, intervention techniques, etc.

4. Number of students/patients served: 2,224.

The pre-licensurees have provided individual services (initial consultations, intakes and individual counseling sessions), as well as group counseling, facilitated well-being clinics, provided single session therapy, served on-call and provided preventive outreach programs to students.

QUALITATIVE FINDINGS TO DATE

In addition to the aggregate quantitative data, pilot sites report every six months on several qualitative aspects/impacts of the program. Highlights are referenced below.

Has experience piqued the candidate’s interest in pursuing work in higher education post-licensure? Yes/No/Unsure.

All Round One pre-licensurees currently working at the pilot institutions have expressed a strong preference for working with college and university students post-licensure.

Additionally, Virginia Tech left the Round One pilot program one year early to permanently hire their candidate at the Cooke Counseling Center. Radford’s Round One candidate took a permanent full-time position at Radford’s Counseling Center in late 2024 and completed hours for licensure in May 2025.

How has the additional hire impacted well-being, office climate and workload at the on-campus center? Improved/Declined/No noticeable change.

“...[Candidate] supported multiple students who presented in crisis (suicidal, homicidal, psychotic) to the counseling center this reporting period, providing treatment and intervention ranging from safety planning to linking to more intensive treatment (such as hospitalization). This was a significant contribution to the counseling center as a whole, as well as allowing the crisis sessions to be spread out amongst the staff (rather than falling majority on the fully licensed staff, as has been the case in the past).”

“For the Spring 2026 semester, the [Candidate] developed and implemented an embedded, brief-intervention-model service that was offered two hours a week at the campus tutoring center for the student-tutors and student-workers (students attending for tutoring could also take advantage of this, but the primary focus was for the students who 'run' the tutoring center under the guidance of the director). This service was popular and well-utilized by the students. The university provost learned of this service and is seeking to have conversations with leadership around campus to determine how similar embedded services could be offered in other academic spaces.”

“Every client that [candidate name] has seen for an initial therapy appointment has been a client who would have not otherwise been served. “

“Having the addition of our SCHEV grant recipients has helped our office see 40+ additional clients/week, which is very positively impactful. This has allowed our office to see more

clients for longer.”

“...Candidate has allowed for caseloads to be more evenly balanced and taken some of the weight for the demand for services off the other clinicians. Candidate's position has allowed the licensed staff to open up space on their schedules to allow for walk-in crisis, or to provide ongoing support to students (clients) with more severe mental health needs.”

“Without [candidate name] we would not be able to offer individual psychotherapy for our collaborative care program. Our medical providers repeatedly give positive reports from students working with her and provide feedback to me directly on her professionalism and clinical insights that she discusses with them during case consultations.” Note: The candidate prepared a successful proposal and received grant funding to provide the psychotherapy.

“[Candidate name] has been instrumental in launching the first psychotherapy group utilizing the Seeking Safety workbook for PTSD and substance use this past year. This is the only therapy group at the institution designed to address substance use.”

Other input/insights on the pilot? What were the challenges? How were they overcome?

Modifications to consider for continuation and to scale?

The pilot site project leads continue to reiterate several challenges and opportunities.

1. Ebb and flow of the academic year as a challenge to obtain necessary hours for licensure within two years compared to private practice.
2. Prioritizing candidate access to clients to maximize clinical hours.
3. Starting the program earlier via an internship that would transition into the residence.
4. Hiring candidates who have accumulated six months to a year of clinical hours in order to reach the two-year timeline for completion of hours for licensure.
5. Extending the pilot duration (beyond two years to either two-and-a-half or on a three-year academic calendar).

Students seeking health center or counseling services (where the pre-licensurees work)

Students present with a wide variety of needs from common concerns to significant needs related to trauma to severe mental health disorders.

Common concerns: Anxiety/worry, depression, relationship difficulties, social difficulties, academic concerns, financial concerns, family concerns, grief and loss.

Significant needs related to: Trauma, mood instability, suicidal ideation, eating

disorders/body image, PTSD, trauma histories, OCD, substance-related concerns, sexuality/identity.

Severe mental health disorders: Bipolar disorder, borderline personality disorder, dissociative identity disorder, etc.

Types of treatment

Types of treatment provided on campus vary by institution but can include: Individual counseling; group counseling; couple's counseling; well-being clinics; skill building sessions; single session therapy; Cognitive Processing Therapy for trauma recovery; testing for ADHD/SLD; workshops and crisis response 24/365. Some institutions offer informal, drop-in service and a 15-to-20-minute consultation at a location across campus, psychiatric and case management, as well as advocacy services.

Volume of need: The five pilot institutions' on-campus staff have served more than 10,009 students during AY 2025-2026, not including crisis intervention.

Existing staff capacity to meet the need

The staff capacity varies by institution from a staff of three licensed clinicians to a staff of nine (not including residents or the pilot pre-licenseses).

How has the additional hire (pre-licensee) helped to address the demand and supply?

“The [candidate’s] work continues to allow both our collaborative care program and substance use screening and brief intervention to operate.”

“Having the candidate in the office has helped meet the demand for services, as we saw record numbers of students for the Spring 2025 semester. Without her, we would not have been able to meet the demand for individual services, forcing students into groups (which are great, but some students need individual support in addition to groups) or out into the community.”

“The candidate has significantly helped address the demand as evidenced by providing direct clinical care to students via individual counseling, group counseling, single session therapy, skill-building sessions and crisis intervention.”

“Not only has the candidate addressed the demand but also expanded our care through outreach, collaboration with the Office of Multicultural Affairs and embedded counseling in order to reach and better serve marginalized communities.”

Student Survey Findings

Each of the five pilots uses different satisfaction survey formats to obtain student/patient feedback on the candidate’s services. The following summarizes survey results pertaining to each of the candidates at the pilot sites.

Pilot IHE One: Students reported the following (95 to 99%) - counseling services were able to meet my needs in a timely fashion, services helped me persist in school, the staff is welcoming and inclusive. Counseling helped me learn about myself and supported my personal and academic progress.

Pilot IHE Two: 100% of respondents were very satisfied with their behavioral health appointment, that their provider showed respect for what they had to say, and considered what was important when developing a care plan or setting goals.

Pilot IHE Three:

- 99% felt that their counselor understood their concerns.
- 99% indicated that their counselor seemed skilled and competent.
- "I loved how my counselor listened to my concerns and helped me create a plan and a

way to handle the situations that were causing me difficulties."

Pilot IHE Four: Feedback is consistently positive (average ratings of 4 on a Likert scale of 1-5); comments indicate satisfaction with services, though most common 'negative' comments indicate a desire to have longer-term services through the counseling center

Pilot IHE Five:

- 100% of students who completed the Client Experience Survey during the Spring 2026 semester indicated that, as a result of counseling, they cope better with the problem(s) that brought them to counseling.
- **98% (2% slightly disagree) of students who completed the Client Experience Survey and found the item applicable during the Spring 2026 semester indicated that they are more likely to continue their enrollment at the University as a result of counseling.**
- 100% of students who completed the Client Experience Survey and found the item applicable during the Spring 2026 semester indicated that they are overall satisfied with the services they received.
- "After hearing about the experiences I was having, she recognized patterns. Ultimately, it was because of [candidate's] ability to recognize symptoms that I received a diagnosis and resources to aid me in living with my disorder."

RECOMMENDATIONS FOR SCALING

Recruitment, Hiring and Onboarding Insights

The timing of the Round One RFP release, review and awards resulted in the recruitment, hiring and onboarding process occurring “out of sync” with the academic year. This posed challenges for all institutions to varying degrees because most MSW and MoC graduates would be looking for employment and hours for licensure after May graduation. This inherently limited the scope of potential candidates and slowed the timeline from recruitment to hiring.

In one instance, the human resources departments had to establish a new hiring category for the candidate. The departure of a human resources director during the middle of the process resulted in further delays in the recruitment and hiring process at the same institution. Another institution requested a slight increase in funds to raise the salary for the candidate position as the vast majority of qualified applicants withdrew from consideration due to salary.

Some onboarding delays resulted in candidates’ previous work commitments (30-day notice requirement) which could have been avoided if the grant timeline was adjusted so that recruitment and hiring coincided with the end of the spring semester with onboarding by the start of the subsequent fall semester.

Modifications to FY 2025-2026 Request for Pilot Proposals

Based on data provided by pilot sites every six months, SCHEV made the modifications to the FY 2025-2026 (Round Two) call for proposals.

1. Release the call for proposals as soon as practicable and announce the pilot sites as soon after July 1, as the candidate pool is larger the closer the timeline is to graduation (May).
2. Seek open, competitive request for proposals from all Virginia public institutions of higher education (IHE) with on-campus mental health care services/centers.
3. Update request for proposals content to include:
 - a. A milestones/timeline section (bulleted list/chart) and companion work plan in narrative form to identify recruiting, hiring and onboarding timelines, clinical hours/week estimated and plans for off-peak times – winter, spring and summer breaks - to maximize clinical hours.

- b. For those existing pilot sites submitting new proposals, include an additional question about what they will do differently (or the same) to ensure maximum clinical hours and ~two to two-and-a-half years to obtain hours for licensure.
 - c. Incorporate in the request for proposals how institutions will: work with human resources if this is the first resident-position established at the center; and assess competitiveness of salary within the surrounding area.
4. Expand grant timeline to two-and-a-half years still capped at \$100,000 maximum per IHE and continue to evaluate success in meeting hours for licensure and ultimate licensure of candidates.

APPENDIX: BACKGROUND, PURPOSE, PROCESS AND COMMITMENTS

Background

Virginia college students represent a particularly vulnerable population, with unique mental health challenges. “College” often marks a transition toward independent living, self-awareness and self-advocacy. The transition from high school to college marks an inflection point, a time of marked change, more responsibilities, opportunities and additional stressors for students all of which can impact mental health. Recent data show almost half (45%) of college students are experiencing mental health challenges. In turn, those mental health challenges result in increased degree incompleteness rates of 39%.¹

Despite growing student need, 70% of Virginia is in a federally designated Mental Health Professional Shortage Area (MHPSA), with nearly 40% of Virginians living in these communities. Note: As of November 2023, all Virginia localities are Mental Health Professional Shortage Areas.² To meet the needs of their students, Virginia’s higher education institutions seek to provide mental health services to students. On both the qualitative and quantitative fronts, institutions face an uphill battle to attract and retain a mental health care workforce on campus. Their student health and counseling centers must compete with private sector compensation and address staff burnout, secondary trauma and compassion fatigue.

With a growing need for services, a lack of qualified mental health workers compounds the challenge to grow capacity both on campuses and across the Commonwealth. The Bureau of Labor Market Statistics data projects 11% employment growth for clinical social workers and 18% growth for licensed professional counselors from 2022 to 2032.

One challenge area to becoming a licensed social worker (LCSW) or licensed professional counselor (LPC) is the completion of supervised clinical hours. For LCSW candidates, this requirement includes 3,000 hours of post-master’s degree experience, including 100 hours of individual face-to-face supervision and 1,380 clinical hours. For LPC candidates, this includes 3,400 hours of supervised clinical work experience, 200 hours of supervision and at least 2,000 hours of direct client contact.

In 2022, the Virginia General Assembly responded to this specific workforce need and appropriated funds to support a mental health workforce pilot at institutions of higher

¹ [Mental Health First Aid, 2025](#)

² [Virginia Health Care Foundation Capacity Assessment, 2022](#)

education. The State Council of Higher Education for Virginia (SCHEV), in consultation with the Virginia Health Care Foundation (VHCF), is charged with administering this pilot program.

Mental Health Pilot Budget Language
(2022 Appropriation Act, Item 144#3c)

SCHEV - Mental Health Licensure Pilot

Item 144 #3c	First Year - FY2023	Second Year - FY2024	
Education: Higher Education			
State Council of Higher Education for Virginia	\$500,000	\$500,000	GF

Language

Page 185, line 29, strike "\$23,410,355" and insert "\$23,910,355".

Page 185, line 29, strike "\$24,405,355" and insert "\$24,905,355".

Page 188, after line 35, insert:

"U. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund is provided to support a mental health workforce pilot at institutions of higher education in consultation with the Virginia Health Care Foundation. The pilot shall support the costs of required supervision for graduates of Masters of Social Work and Masters of Counseling programs seeking licensure. Eligible institutions include public institutions of higher education operating in Virginia. The State Council of Higher Education for Virginia shall report the outcomes of the pilot annually to the Governor and General Assembly."

Explanation

(This amendment adds \$500,000 from the general fund each year of the biennium to fund the establishment of a mental health workforce pilot to increase the number of mental health professionals working on college campuses and to increase the number of licensed mental health professionals in the Commonwealth.)

During the 2024 General Assembly session, the pilot was continued for an additional two years (FY 2025 and FY 2026) at flat funding (Item 132, P).

<https://budget.lis.virginia.gov/item/2024/1/HB30/Enrolled/1/132/>

P. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund is provided to support a mental health workforce pilot at institutions of higher education in consultation with the Virginia Health Care Foundation. The pilot shall support the costs of required supervision for graduates of Masters of Social Work and Masters of Counseling programs seeking licensure. Eligible institutions include public institutions of higher education operating in Virginia. The State Council of Higher Education for Virginia shall report the outcomes of the pilot annually to the Governor and General Assembly.

The 2026 legislative session saw a proposed increase in funding to support a pilot at each four-year public institution and language to make the program permanent. However, the General Assembly will convene for a special session to approve a final budget, and the outcome of the Higher Education Mental Health Workforce Pilot is to be determined (Item 133, P).

<https://budget.lis.virginia.gov/item/2026/1/SB30/Introduced/1/133/>

P. Out of this appropriation, \$750,000 the first year and \$750,000 the second year from the general fund is provided to support a mental health workforce pilot at institutions of higher education in consultation with the Virginia Health Care Foundation. The pilot shall support the costs of required supervision for graduates of Masters of Social Work and Masters of Counseling programs seeking licensure. Eligible institutions include public institutions of higher education operating in Virginia. The State Council of Higher Education for Virginia shall report the outcomes of the pilot annually to the Governor and General Assembly.

Purpose

The mental health workforce pilot serves a dual purpose for higher education institutions. The pilot seeks to: 1) expand mental health services to students on campus at public higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed clinical social workers (LCSW) or licensed professional counselors (LPC). The mental health pilot's two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development.

The pilot supports the salaries and benefits for graduates of Masters of Social Work (MSW) and Masters of Counseling (MoC) programs seeking licensure. The pilot grant awards underwrite the salaries and benefits of the onsite MSW/MoC supervisees. In exchange, each hosting institution will agree to hire, train and supervise the LCSW/LPC candidates until licensed. The estimated cost to support a supervisee is approximately \$100,000 per year, including benefits.

The awarded institutions directly received the grant funds to pay the salaries and benefits of graduates of MSW and MoC programs seeking licensure while working at on-campus mental health care facilities.

Pilot Proposal Submission and Award Process

SCHEV issued the Round Two request for proposals on June 1, 2024, followed by a pre-proposal virtual workshop on June 6.

In order to be eligible, the institutions were required to:

1. Operate in Virginia as a public institution of higher education. Note: Community service boards (CSBs) and external vendors/service providers serving an institution of higher education are ineligible.
2. Currently provide on-campus mental health care services to students.
3. Provide counseling or social work services on campus with a licensed counselor (LPC) or licensed clinical social worker (LCSW) on payroll who is approved by the Virginia Department of Health Professions to serve as a supervisor.
4. Attend the pre-proposal workshop.
5. Submit no more than one mental health pilot proposal for all of its campuses/locations.

The pilot proposal submission closed on July 5, 2024. SCHEV received submissions from nine, four-year institutions. All nine institution submissions demonstrated/quantified the need for pilot funds. Priority was placed on proposals from institutions located in areas with a higher shortage of LCSWs/LPCs and/or from institutions serving a higher number of low-income students, including HBCUs. The review panel consisted of SCHEV and Virginia Health Care Foundation staff.

On August 5, 2024, SCHEV and VHCF awarded Higher Education Mental Health Workforce Pilot grants to five universities: Christopher Newport, George Mason, James Madison, Longwood and Radford. Pilot awards ranged from ~\$96,000 to \$100,000 per year per

institution to support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. The program's total funding is \$1,000,000 – i.e., \$500,000 in FY2025 and \$500,000 in FY2026.

Christopher Newport University used the funds to support two candidates while providing their fringe benefits as an institutional match (no match was required). Longwood University offered to provide university housing as part of the candidate's benefits package in addition to the pilot funds awarded.

Grantee Commitments

By and upon accepting grant awards from this pilot program, grant recipients committed to:

1. Comply with Virginia DHP regulatory and license requirements.
2. Provide necessary and timely supervision on site to at least one supervisee/candidate seeking licensure for the two-year duration of their required supervision hours.
3. Use the entirety of grant funds awarded to the institution to support the salary and benefits for graduates of Masters of Social Work and/or Masters of Counseling programs seeking licensure. In addition to wages and benefits, grant funding can be used to pay for existing LCSW or LPC staff to obtain necessary supervisor credentialing (15-hour course/\$500 fee). Grant funding cannot support overhead costs.
4. Use the pre-licensure to provide applicable care/services to students seeking health care/counseling on-campus.
5. Attend an orientation for the awarded institutions. Supervisors and pre-licensurees from each selected institution participated in the session led by SCHEV and collaborators.
6. Participate in semi-annual opportunities provided by SCHEV and VHCF to connect the pre-licensurees throughout the initiative for support, camaraderie and feedback.
7. Produce and submit semi-annual (six-month) and annual (12-month) progress reports to SCHEV to monitor activities, outcomes, evaluate the effectiveness of the program and identify opportunities for greater partnerships to scale and implement statewide.